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Racial Identity and Religiosity: An Examination of Well-Being in Middle Aged African Americans

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Racial Identity and Religiosity: An Examination of Well-Being in Middle Aged African Americans

by

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Abstract

Several factors contribute to the maintenance and development of well-being. For African Americans, two major factors are religiosity and racial identity, which are often central components in the definition of self within this population. Numerous studies have supported the positive relationship between *each* of these factors and well-being. Fewer studies have examined the impact of *both* variables on well-being. This study examined the relationships between religiosity, racial identity, and well-being in African American adults between the ages of 55 and 64 years (N=350). All participants completed measures of depression, neuroticism, and extraversion. A subset of participants (N=67) completed the Satisfaction with Life Scale (SWLS). Informants (N=300) completed measures of neuroticism and extraversion describing the participants. At the level of correlational analyses, both racial identity and religiosity were related to well-being. Higher levels of religiosity were associated with lower levels of participant- and informant-reported neuroticism, extraversion, and depression. Higher levels of racial identity were associated with lower levels of participant and informant-reported neuroticism, and depression. Neither racial identity nor religiosity was related to life satisfaction. Regression analyses predicting informant-reported neuroticism, as well as participant- and informant-reported extraversion and depression, revealed religiosity to be the stronger predictor of well-being. By entering religiosity and racial identity together in the second step of all regression models, we directly compared the contribution of each against the other. The model predicting life satisfaction was not significant. The results of this study suggest that although both racial identity and religiosity are related to well-being, religiosity is the stronger predictor of neuroticism, extraversion, and depression.

Alternatively, neuroticism, extraversion, and depression are stronger predictors of religiosity than racial identity.

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RACIAL IDENTITY, RELIGIOSITY, AND WELL-BEING

Research on ethnic minorities often focuses on between-group differences which, in addition to being politically muddled, assumes that there is homogeneity within ethnic groups (Jang et al, 2006). Many of the factors that are thought to contribute to between group differences (e.g., gender, SES, marital status) can also contribute to within-group differences. Two of these factors, racial identity and religiosity, are more salient in ethnic minority populations. These factors may be more meaningful for ethnic minorities in general, but findings do not support the idea that all ethnic minorities express racial identity and religiosity to an equal extent.

Well-being is a mental health variable with which religiosity and racial identity have both been associated, partially due to their believed contributions to resiliency within ethnic minorities (Keyes, 2009). The purpose of this research is to establish relationships between religiosity and well-being and racial identity and well-being among African Americans. Upon establishing these relationships it will be possible to compare the strength of each to determine whether there is a difference in the contributions of religiosity and racial identity to the variance in well-being.

What is Religiosity?

Religion and *spirituality* are words that are often used interchangeably, but in fact have somewhat different meanings. Religion most often describes a person's search for sacred meaning or ultimate truth (Exline, 2002; Pargament 2002b) and is usually accompanied by a social or group component. Spirituality, on the other hand, is a more personal endeavor with the same basic goals, but which may or may not be connected (to some degree) with organized religious groups (Emmons & Paloutzian, 2003; Smith,

McCullough & Poll, 2003; Sanchez & Carter, 2005). Some even describe religion as the medium through which spirituality is expressed (Utsey et al, 2007). Still others have found no meaningful difference between the two (Kendler, et al, 2003). The extent to which an individual engages in religious or spiritual involvement is captured by the term *religiosity*, which in this research is inclusive of both private and community practices and beliefs. In other words for the purposes of this research, religiosity represents the importance of religion or spirituality in a person's life (Ringdal, 1996). Additionally, in this research, religiosity will describe religious/spiritual behaviors (e.g. church attendance, prayer, meditation, readings) and the use of religious/spiritual ideas as guiding principles.

Two main forms of religiosity orientations are *intrinsic* and *extrinsic*. *Extrinsic* religiosity refers to the practice of using religion to gain social standing or security, and typically describes behaviors that are easily observable to others. In contrast, *intrinsic* religiosity describes the practice of internalizing religious beliefs and practices and living by them notwithstanding external outcomes and it is generally private in nature. For individuals possessing this orientation, religion is present in every part of their lives (Bergin, 1983; Maltby & Day, 2003; Sapp & Gladding, 1989; Taylor & MacDonald, 1999). Church/mosque/temple attendance would qualify as extrinsic behavior, whereas private prayer, meditation, or reading would qualify as intrinsic behavior.

Religiosity, whether rooted in an organized community or not, varies a great deal from person to person. Historically, religiosity (in this sense, the belief in a higher power or a divine order) has represented a form of strength and/or hope for marginalized groups such as African Americans, the elderly, women, and the less educated, which helps to

explain why studies often find higher levels of religiosity within these groups (Argue, Johnson & White, 1999; Faigin & Pargament, 2010; Pargament, 2002a; Strawbridge et al, 1998; Taylor & MacDonald, 1999; Yohannes, et al, 2008). Additionally, individuals who are married and individuals who have children, report greater religiosity than the never married, the divorced, or the childless (Colbert, Jefferson, Gallo, & Davis, 2009).

Recently, researchers have begun to investigate religiosity as a social identity from which members of religious/spiritual in-groups gather social standing and self-esteem (Ysseldyk, Matheson, & Anisman, 2010). Persons who identify strongly with their religious/spiritual groups often consider religiosity to be central to their sense of self and place high value on belonging to a group whose members have in common a sacred belief system. This idea fits well with the role that religion is thought to play for certain marginalized groups (groups that have historically at one point in time been discriminated against by society at large). One of those marginalized groups is African Americans.

The topic of religiosity among African Americans has been researched extensively (e.g. Blank et al, 2002; Colbert et al, 2009; Jang et al, 2006; Milner, 2006; Roff et al, 2004; St. George & McNamara, 1984) and it is even thought that religiosity may be experienced differently in African Americans than in Whites. Black churches may involve more personal contribution to the worship experience by the congregants, which can result in greater emotional intensity being associated with religion/spirituality (Hackney & Sanders, 2003). Although there may be experiential differences in religion/spirituality based on race, most studies of religiosity irrespective of race focus exclusively on its benefits.

Despite being associated with many positive life outcomes, religiosity is not without its critics. In the introduction to a special issue of *Personality and Social Psychology Review,* Sedikides (2010) poses the question "why does religiosity persist?" In the face of vast research support for theories of evolution as opposed to theories of creation, and even in the face of isolated religious practices that seem to advocate plural marriage or suicide missions, people the world over still profess belief in one deity or another. One answer to the question of why religiosity persists is that it offers eternal group membership (Ysseldyk, Matheson, & Anisman, 2010) and is the vehicle through which people for countless generations have pursued their search for the sacred (Pargament, 2002b).

What is racial identity?

The construct of racial identity is a representation of the extent to which an individual identifies with his/her racial/ethnic group. There are two major historical perspectives of racial identity in African Americans: the mainstream approach and the underground approach (Sellers et al, 1998). The mainstream approach suggests that living in a racist environment has devastating effects on the African American psyche, describes a development of racial identity that focuses on the stigma associated with "African"-ness in America, and arrives at the ultimate conclusion that the self-concept of African Americans is damaged. The underground approach, although acknowledging the strain of living in a racist environment, argues that African Americans can create a healthy self-concept in spite of their environment and asserts that resolving the discrepancies between one's African self and one's American self is the essential task of healthy identity development. This notion has been referred to as "double-consciousness"

and describes the struggle of living amidst two worlds and having to constantly view oneself through two often opposing lenses (DuBois, 1903).

One of the more popular models, which is advanced by Cross (1978), comes from the underground perspective and identifies five stages of racial identity development: preencounter, encounter, immersion/emersion, internalization, and internalization-commitment. These five stages respectively describe an initial belief that race is not important to one's identity, a series of encounters which make race salient and cause the individual to reconsider their identity, a phase of being either very much pro-Black or very much pro-White, a sense of security with being Black, and lastly translation of this internalized secure identity into action.

A newer model of racial identity, the Multidimensional Model of Racial Identity (MMRI), uses social identity theory as a foundation and integrates the mainstream and underground approaches in an effort to produce a more thorough conceptualization of racial identity than either could offer alone (Sellers, Rowley, Chavous, Shelton & Smith, 1997; Sellers, Smith, Shelton, Rowley, & Chavous, 1998).

Based on MMRI theory, Sellers and his group have created a racial identity assessment tool, the Multidimensional Inventory of Black Identity (MIBI), which advances the theory by proposing 4 dimensions of racial identity: salience, centrality, regard, and ideology. One of the tenets of the MMRI is that there is great diversity within the African American community in terms of what it means to be African American, which is largely the result of the unique history of this group in the United States. The MMRI also acknowledges that African Americans have many identities and race is only one of them. The four dimensions of racial identity assessed in the MIBI attempt to

recognize this diversity and allow responders to express how important race is in their lives and to describe the attitudes and behaviors that accompany this identity.

A contributing factor to the diversity within the African American community as it relates to racial identity is socialization, which describes environmental messages received by an individual which shape ways of thinking about the self and the world. In a 1990 study, Demo and Hughes set out to explore the impact of parental socialization experiences and social structures on dimensions of racial identity in African American adults. Findings in this study suggest that parental socialization regarding what it means to be Black shapes group identity. Specifically, persons who were reared with assertive or defensive messages about the meaning of being Black reported feeling closer to the Black community than persons who reported not remembering receiving race-related messages from their parents.

Other factors shown to be associated with strong racial identity in African Americans include being surrounded by other African Americans (Broman, Jackson, & Neighbors, 1989) and higher levels of perceived racial discrimination (Sellers & Shelton, 2003).

What is Well-Being?

Research on psychological functioning is often biased in the negative direction, with discussion of problems far overwhelming discussion of positive attributes. The study of well-being, on the other hand has positive mental health and functioning as its focus. The two traditional approaches to studying well-being are the *hedonic* approach and the *eudaimonic* approach. Hedonic well-being describes what is commonly referred to as subjective well-being and encompasses happiness, life satisfaction, and positive

affect. Eudaimonic well-being describes psychological well-being and emphasizes positive psychological functioning and human development. Research has shown that the two constructs are not entirely distinct and overlap to a degree both in self-report and non self-report data (Nave, Sherman, & Funder, 2008).

Ryff (1995) studies well-being from the eudaimonic approach and has identified the main dimensions of well-being as self-acceptance, positive relationships with other people, autonomy, environmental mastery, purpose in life, and personal growth. Extensive research supports a multidimensional characterization of well-being and suggests that well-being represents more than happiness and satisfaction with life (Ryff & Keyes, 1995). Ryff's work has found differences in well-being relating to age, gender, and culture.

In the study of well-being many researchers utilize measures of subjective well-being or even measures of self-esteem in an effort to quantify this construct. Many other researchers rely on the Five Factor Model (FFM), specifically the domains of extraversion and neuroticism as a proxy (e.g., Diener,et al, 1999; Siegler & Brummett, 2000**)**. Extraversion is strongly correlated with high positive affect and neuroticism is strongly correlated with high negative affect (Costa & McCrae, 1980; Larsen & Ketelaar, 1991).

Adding support for the use of the Five Factor Model in studies of well-being, Costa and McCrae (1980) examined the relationship between personality variables and positive and negative affect (well-being). One would think that wealth, youth, and social privilege have a lot to do with subjective well-being, but previous research shows that these variables comprise only 17% of the variance in life satisfaction. Costa and McCrae

propose a model of happiness or subjective well-being where both positive (sociability, tempo, vigor, social involvement) and negative (anxiety, hostility, impulsivity, psychosomatic complaints) affect influence well-being. In one study of this model, results indicated that general emotionality, anger and poor inhibition are only associated with negative affect. Tempo and vigor, on the other hand, are associated with positive affect and not negative affect. A primary conclusion of this study is that extraversion is an indicator of positive affect and neuroticism is an indicator of negative affect.

Other research has lent support to the idea that an individual's relative extraversion or neuroticism at a given point in time, allows prediction of their happiness at a later point in time (e.g., 10 years later). In other words, neuroticism and extraversion seem to reflect temperament and enduring dimensions of personality, making them strong and consistent predictors of well-being (Costa and McCrae, 1980; Ozer & Benet-Martinez, 2006). Research such as the aforementioned studies supports the use of the five factor domains of neuroticism and extraversion as proxies for well-being.

In addition to providing a refreshing respite from the study of problematic behaviors and attitudes, well-being offers unique contributions to many areas of psychology, including psychotherapy research, treatment evaluation, and recovery gains (Ryff and Singer, 1996). Beyond psychology, well-being is considered by some to be a better indicator of the quality of life of a nation than economic wealth (Wills, 2009).

Religiosity and Well-Being

It has long been hypothesized that religiosity serves as a protective factor against poor health, both mental and physical. Research has demonstrated this relationship with regard to depression (Roff, et al., 2004; Smith, McCullogh, & Poll, 2003), physical health

(Exline, 2002; George, Ellison, & Larson, 2002), emotion regulation (Emmons & Paloutzian, 2003), genetic variance in alcohol use in adolescence (Button, Hewitt, Rhee, Corely, & Stallings, 2010), self-esteem (Ysseldyk, Matheson, & Anisman, 2010), stress related to care-giving (Pinquart & Sorenson, 2005), marital quality, and mortality rates (Strawbridge, Shema, Cohen, Roberts & Kaplan, 1998). Among the psychosocial factors demonstrated to mediate the link between religion and good health are health practices, psychosocial resources (self-regard and self-worth), social support, and sense of coherence/meaning (George, Ellison, & Larson, 2002).

Researchers have pursued three primary avenues to advance understanding of the relationship between religiosity and well-being: trait anxiety, self-esteem, and depression (Maltby & Day, 2003). Some forms of religiosity have been found to be more psychologically beneficial than others. Religiosity that has an intrinsic orientation, ascribes to a greater meaning in life, and that is based on a secure relationship with God and connectedness with others is associated with positive well-being, whereas religiosity that is unexamined, not intrinsically motivated, and that reflects an insecure relationship with God is associated with poor well-being (Pargament, 2002a). Most studies have found intrinsic religiosity to be negatively correlated with depression, self-esteem and trait anxiety, whereas extrinsic religiosity is often positively associated with these same variables (Maltby & Day 2003). Overall, higher religiosity (across multiple religious groups) has been found by many researchers to correlate with higher levels of subjective well-being (Ysseldyk, Matheson, Anisman, 2010).

In a study of religiosity and well-being in Greek Orthodox Christians, Leonardi and Gialamas (2009) found that of the four religious variables assessed, only church

attendance was associated with life satisfaction as measured by the Satisfaction with Life Scale. The four religious variables measured were belief salience, church attendance, frequency of prayer, and personal beliefs about God. Results of this study did not support any association between religiosity and depression and loneliness. Many of the unexpected null relationships in this study were partially explained by the use of a global measure of religiosity as opposed to more specific measures linked to situations and contexts.

In other international research, Wills (2009) explored the relationship between spirituality and well-being in a sample of adults in Bogota, Colombia. Wills' goal in this study was not to establish a relationship between religiosity and well-being, as he firmly believed the research literature that has previously supported this relationship. Instead, he conducted a psychometric analysis to argue that "satisfaction with spirituality and religiosity" should be a new domain in the Personal Well-Being Index. Results of this analysis support the inclusion of this domain as a key component of well-being. Significantly, this study was conducted in Bogota, Colombia which boasts a strong, traditional Catholic population.

The seemingly opposing results of the two international studies may be attributable to the differing ways in which well-being was analyzed. The Greek Study used the Satisfaction with Life Scale which asks general questions about how satisfied persons are with their lives as a whole, without assessing specific domains. The Colombian study, on the other hand, used the Personal Well-being Index which asks more specific questions about personal relationships, personal safety, and community connectedness among other things as they relate to life satisfaction. Although both

measures capture some component of well-being, the questions are dis-similar, which may account for some of the differences in findings. Alternatively, the differences may be cultural in nature. Greek Orthodox Christianity is not the same as Catholicism in Columbia, nor is Greek culture in general the same as Colombian culture. Data of this nature must be analyzed in the consideration of the specificity with which one's personal identity informs responses. The results of these two studies appear to lend credence to both the importance of culture in this research and the multidimensional nature of well-being.

Ellison (1991) assessed the relationship between four dimensions of religiosity (denominational ties, social integration, divine relations, and existential certainty) and two dimensions of well-being (overall life satisfaction and personal happiness). Results indicate that strong religious beliefs are positively correlated with both affective (personal happiness) and cognitive (life satisfaction) well-being and that religious faith lessens the effects of trauma on well-being. However, Ellison found more support for the relationship between religiosity and cognitive (life satisfaction) well-being than for affective (personal happiness) well-being, suggesting that religiosity has a more pronounced effect on the more stable of the two dimensions of well-being.

Closer to the goals of the current study, Colbert et al. (2009) studied the relationship between religiosity and well-being among 300 Baptist, African American adults. The authors examined the association between several demographic factors (e.g., age, gender, marital status, and education level), self-esteem, spiritual well-being, religious orientation, psychosocial competence, and depression. Although age, marital status and income were positively correlated with religiosity, there was no significant

relationship between gender and religiosity. Additionally, religiosity was correlated positively with coping styles and self-esteem, but the expected negative relationship with depression was not found. Instead of questioning the validity of past research which has largely found a negative relationship between religiosity and poor well-being, the authors offer that this relationship was not found because the population was a highly spiritual one and therefore did not endorse many symptoms of poor mental health. This belief held by the authors, although not based on data from this study, may be consistent with findings of other researchers that higher levels of religiosity are associated with greater well-being. Many other studies also highlight the positive relationship between religiosity and well-being, specifically in African Americans (e.g., Frazier, Mintz, & Mobley, 2005; Levin & Taylor, 1998; Yoon & Lee, 2004).

Despite its frequently supported positive association with well-being, many who engage in religious/spiritual quests do not attain their desired positive outcome but instead experience distress (Pargament, 2002b). Exline (2002) identified several common difficulties that may help to explain why religion does not always result in well-being and happiness. One of these hazards is interpersonal strain which may arise when people who are important to the individual do not hold the same religious beliefs or when persons develop a distaste for the practice of religion because of their disapproval of the way some religious persons live their lives (e.g. prominent religious figures who have tawdry, publicized sexual affairs, or those who kill in the name of religion). For others, negative childhood experiences, unjust deaths of loved ones, and confusion about why God allows certain negative events to take place results in a disappointment/anger/mistrust towards God. Still others may find themselves

experiencing intellectual or emotional dissonance with the teachings of a particular religious group which may result in an inner struggle to believe. The final issue according to Exline involves confronting one's imperfections which is a natural and sometimes uncomfortable consequence of the virtuous teachings of most religious practices. If simply encountering one of these common pitfalls was enough to detract people from religion, churches, mosques, synagogues, and temples everywhere would be empty. It would seem that the individuals who are successful in their practice of religion/spirituality have determined how to turn seemingly negative pitfalls into positives and emerge with a deeper understanding of their faith.

When most of the studies cited here measured well-being, they were referring to subjective well-being or satisfaction with life or perhaps even absence of depression. There is, however, another way of conceptualizing well-being that has readily incorporated religious/spiritual dimensions: spiritual well-being. Spiritual well-being is defined as "a lifelong pursuit and an affirmation of living life in direct connection with self, the community, the environment and the sacred" (Wills, 2009). There are three components to spiritual well-being: religious well-being, existential well-being, and overall spiritual well-being. This is most often measured using the Spiritual Well-Being Scale (SWBS). Factor analysis has revealed a slightly different structure of the SWBS for African Americans. Five factors emerged from this analysis: connection with God, personal relationship with God, satisfaction with God and daily life, future/life contentment, and meaningfulness (Utsey et al, 2007).

Beyond specified measures of well-being, many researchers have turned to the Five Factor Model to help explain the impact of religiosity. Most such studies support a

relationship between religiosity and agreeableness and conscientiousness (Emmons & Paloutzian, 2003; Ozer & Benet-Martinez, 2006; Saroglou, 2002; Taylor & MacDonald, 1999). There are mixed findings regarding the relationship between religiosity and neuroticism and extraversion, which are the two factors frequently used as a proxy for well-being. In a recent meta-analysis of studies of religiosity and personality, Saroglou (2002) found a weak relationship between intrinsic, general religiosity and extraversion and a stronger relationship between open, mature religion and spirituality and extraversion. For the domain of neuroticism weak relationships were found with open, mature religion and spirituality, and also with extrinsic religiosity. The overall conclusions of this meta-analysis were that religiosity is more strongly and consistently related to agreeableness and conscientiousness, but it is also less strongly related to extraversion and neuroticism.

The studies reviewed thus far have spanned countries, cultures and religious backgrounds. Most lend support to the idea that religiosity is associated with either/or both cognitive (life satisfaction) and affective (personal happiness) well-being. Although only one of the reviewed studies had as its focus an African American population, the relationship between religiosity and well-being in this group is a logical following from the extensive literature on mental health, race and religion.

The relationship between religiosity and mental health in the African American community is long-standing and complex. Within many sectors of this community, religion/spirituality is a key component of everyday existence (Jang et al, 2006; Utsey et al, 2007). In times of plenty people go to God to give thanks, and in times of despair people go to God for aid. Aid often comes from prayer, meditation, religious texts,

spiritual leaders (including pastors, deacons, etc.), or church-based outreach-oriented programs. The role of the church is thought to have been encouraged in part by the historic and systematic segregation of Blacks from other formal service agencies (Blank, Mahmood, Fox, & Guterbock, 2002; Gamble, 1997). When hospitals and schools turned Blacks away, the church was always there and as such remains a trusted institution. Blacks have historically held a deep sense of spirituality/religiosity to survive in spite of historical dehumanization and marginalization (Milner, 2006). Additionally, Blacks have been less likely to reveal personal issues in traditional mental health settings out of distrust of the medical community and fear of being viewed as inferior. Fear and distrust have made it more likely for some Blacks to reach out to their church, instead of the mental health community, because church leaders and members look like them and reflect their experiences. Given the ways in which many African Americans have been shown to rely upon their religiosity, it is clear that they believe that religiosity is associated with positive well-being (e.g. Roff, et al, 2004).

Racial Identity and Well-Being

Much like religiosity, racial identity has been found to be associated with many correlates of well-being (e.g., self-esteem, resiliency (Miller, 1999), life satisfaction (Jang et al, 2006), job competence (St. Louis & Liem, 2005)). A potential explanation for these relationships is that the development of racial identity in African Americans is considered by some to be a necessary component of identity fortification. Most researchers of racial identity conceptualize this construct as developing in a series of four or five stages. A few other researchers have taken this idea a step further and have found a place for racial identity in Erikson's stages of development.

According to Erikson, ego development is the crucial developmental task for adolescents, which may help explain why many identity researchers target adolescent populations (Miller, 1999; Phinney, Cantu, & Kurtz, 1997; Seaton, Scottham, & Sellers 2006). There have been several additions to Erikson's original ego development stage, including proposed sub-stages and specific applicability for the development of ethnic identity (Seaton et al, 2006). Marcia (1966) divided the ego development stage into four components: identity diffusion, identity foreclosure, moratorium; and identity achievement. Phinney (1990) further developed these stages by making them applicable to ethnic identity. Pertaining to ethnic identity, the *diffused* status represents individuals who have neither explored nor defined their ethnic identity. The *foreclosed* status describes individuals who have committed to an ethnic identity without exploration. *Moratorium* describes individuals who are still exploring their ethnicity and have not committed to an identity, and the *achieved* status describes individuals who have both explored and committed to a racial identity.

Seaton and colleagues (2006) conducted a study on African American adolescents based on the ethnic expansion of Erikson's ego development stage examining three questions: whether there was evidence for the four proposed stages of ego development (identity diffusion, identity foreclosure, moratorium, and identity achievement); whether adolescents progressed from one identity cluster at time 1 to another cluster one year later at time 2; and whether more mature ethnic identity stages were associated with greater psychological well-being. The authors used the identity achievement subscale from the Multigroup Ethnic Identity Measure and a shortened version of the Psychological Well-Being Scale, which measured the dimensions of self-acceptance, positive relations with

others, autonomy, environmental mastery, purpose in life, and personal growth. Results provided support for the four proposed stages and indicated that individuals in the more advanced identity stages had higher levels of psychological well-being. In studying the sequence of identity stages, the authors encountered a previously identified phenomenon known as "recycling" in which African Americans may move through the stages in a non-chronological fashion as they come to new resolutions of what it means to be African American or as they reach a point at which race is not their primary identity. Recycling is most often seen in adults, but was present in this adolescent sample, providing evidence that racial identity development may not progress in a strictly linear fashion.

Expanding on this study, Yip, Seaton, and Sellers (2006) asked similar questions of a population that included African American adolescents, college students, and adults. Yip et al. found evidence for the four ethnic identity stages across all three age groups. The results also supported the phenomenon of recycling, in that each age group had members at all four stages. Recycling suggests that there is no prescribed sequential way to move through the identity statuses and that individuals may vacillate between statuses over the course of a lifespan. This study partially supports a positive relationship between racial identity and well-being. Within the college student sample alone, ethnic identity was related to depressive symptoms. Students in the diffused stage (the lowest stage) were more likely to report depressive symptoms than students in other stages.

In another study of college students, St. Louis and Liem (2005) assessed the relationship between ego identity, ethnic identity, and well-being in both minority and majority samples. As expected, there were no significant relationships between ethnic identity achievement and psychosocial functioning (well-being) in the majority students.

There were group-based differences in ethnic identity achievement suggesting that minority students were more likely to report having a secure sense of self as it relates to ethnic identity. Among minority students (including students identifying as Black, Asian, and Latino) ethnic identity achievement was positively correlated with job competence and self-esteem and negatively correlated with depression. It was also found that students in the highest stages of ego identity status reported more positive ethnic identity than students in the lower stages.

In a similar study, Phinney, Cantu and Kurtz (1997) found ethnic identity to be a significant predictor of self-esteem in three groups of adolescents (African American, Latino, and White). In addition to examining ethnic group membership, the authors examined American identity which has been shown to be quite variable among American ethnic minorities. American identity was a significant predictor of self-esteem only among white adolescents. Group/ethnic identity was a significant predictor of global self-esteem in the three racial groups, even in the presence of other variables (Gender, SES, GPA, and age). These results suggest that adolescents have lower self-esteem when they have negative or uncertain attitudes regarding their ethnicity, which is consistent with racial identity theory.

Previous research has identified that a healthy racial identity may be a buffer against discriminatory attitudes/behaviors directed towards African Americans, and therefore healthy racial identity may be a protective factor for personal self-esteem. Rowley, Sellers, Chavous and Smith (1998) examined the relationship between various dimensions of racial identity and self-esteem among high school and college African American students. Using the Multidimensional Inventory of Black Identity (MIBI,

which is based on MMRI theory), it was found that racial centrality is not directly related to personal self-esteem in college students. In high school students racial centrality moderated the relationship between racial regard and personal self-esteem. Neither racial centrality nor public regard significantly predicted self-esteem. The authors concede that it is possible that the relationships between dimensions of racial identity and self-esteem vary with age. The authors also note that it would not be wise to ascribe the self-esteem of African Americans entirely to racial identity and argue that many other identity roles contribute to self-esteem, such as gender, occupation, family membership, and even religious/spiritual being as the current study may suggest.

In a 2005 study, Pierre and Mahalik examined the relationship between Black racial identity and psychological distress and self-esteem in a sample of Black men. Results indicated that racial attitudes corresponding with the internalization stage (which describes a secure sense of self and fluid world view) were associated with higher self-esteem. Additionally "self-reinforcement against racism" was associated with greater self-esteem and lower psychological distress. The earlier or less advanced racial identity stages of preencounter and immersion were associated with higher psychological distress and lower self-esteem.

In another single sex study, Pyant and Yanico (1991) examined the relationship between attitudes towards gender roles and psychological well-being in Black women. Research has shown (e.g., Taylor & Stanton, 2007) that attitudes and beliefs may serve as coping resources and therefore contribute to a positive sense of self. The authors predicted that the relationship between racial identity and positive mental health was not likely to be linear (as suggested by some racial models) but much more complex, which

is similar to the idea of proponents of the recycling phenomenon (Seaton, et al., 2006; Yip, Seaton, and Sellers, 2006). Results indicated that racial identity was related to mental health in Black females but not in ways consistent with earlier findings. In this sample, endorsement of greater pro-White/anti-Black attitudes was associated with greater psychological and physical symptoms (i.e., poor well-being). These findings are consistent with Cross' racial identity model (1978). It was further found that racial identity attitudes better predicted mental health in a non-student than student subsample within this study. In the student subsample, only pre-encounter attitudes were related to mental health. In the non-student subsample, pre-encounter and encounter attitudes were related to mental health. Encounter attitudes were negatively associated with well-being. These results do not support the assumption of improved mental health as one progresses through the stages of racial identity. Being in the earlier stages may lead to poorer well-being, but being in a later stage does not guarantee better mental health.

Providing further support for these results is Arroyo and Ziegler's (1995) exploration of the concept of "racelessness," which describes a dis-identification or distancing from one's own race (minimizing relationships with the community) and adopting the attitudes, values, and behaviors of the mainstream culture. It had been previously hypothesized that the highest achieving African American students were so high-achieving because they adopted a raceless persona in academic settings. The study authors created a measure of racelessness (which measures 4 domains: achievement attitudes, impression management, alienation, and stereotypical beliefs) and administered it to high and low-achieving African American and European American students. Results indicated that higher racelessness scores were not unique to African American high-

achievers but were also found in European American high achievers. However, African American students with higher racelessness scores also reported greater concern of loss of support from others. Among African Americans, racelessness was positively associated with introjective depression ("characterized by feelings of ambivalence toward self and others, and self-criticism—a sense of personal failure for not having achieved individual aspirations"). There was no significant association between depression and racelessness among European Americans. As such, although racelessness is not unique to African American students, it appears that the behaviors associated with it are predictive of psychological states of African Americans.

Social Identity Theory

Many of the studies of racial identity reviewed here have cited social identity theory as their basis (Sellers, Rowley, Chavous, Shelton & Smith, 1997; Ysseldyk, Matheson, & Anisman, 2010). Social identity theory posits that people draw their social identities primarily from group memberships and that they work to maintain positive social identities which in turn promote self-esteem. The positive identity of the target group comes largely from positive comparisons with the in-group and associated out-groups (Brown, 2000; Stets & Burke, 2000). People derive identities from multiple aspects of their lives, some of the most common being race, gender, occupation, social class or religious background. None of these aspects could singly be responsible for an individual's sense of self, but collectively they contribute to self-esteem, and in so doing also contribute to well-being.

Religiosity, Racial Identity and Well-Being

A substantial amount of research exists detailing the nature of the relationship

between religiosity and well-being and also between racial identity and well-being. Both literatures suggest that a key component to these relationships is a stable sense of self. If both religiosity and racial identity contribute to happiness, personal esteem, and life satisfaction, it stands to reason that studies incorporating both of these variables should explain more variance in well-being together than separately.

A chronological review of studies examining these three variables details the history of this literature. In 1984, George and McNamara examined racial differences (White vs. Black) in religion and psychological well-being. Among African American men, strength of affiliation to their religious group was found to be a significant predictor of well-being, whereas among African American women church attendance was the stronger predictor. For both men and women, attendance was predictive of global happiness and satisfaction with family life. These relationships were not observed in the White participants. Demographic explanations (age, education, income) were ruled out as being responsible for this effect. George and McNamara concluded that for most Americans religiosity has little to do with subjective well-being, but for African Americans "[w]e seem to be viewing a genuine ethnic or racial effect with deep roots in black American history, one which shows little sign of diminution as blacks improve their socioeconomic status in American society."

Sanchez and Carter (2005) did not examine well-being, but they did explore the relationship between religiosity and racial identity among African American college students. Using Cross' racial identity model (preencounter, encounter, immersion-emersion, and internalization) they established a relationship between religiosity and racial identity and also uncovered interesting gender differences. Immersion-emersion

attitudes were predictive of higher levels of intrinsic religiosity in females, but lower levels of intrinsic orientation in males. High levels of internalization attitudes were related to high levels of intrinsic and quest orientations in males but low levels of intrinsic and quest orientation in females. These results suggest that physical/psychological withdrawal from White culture in African American males leads to a distancing from private, devout religious beliefs. However, upon adopting an internalized racial identity, males may be open to religious exploration. For African American females, it appears that the opposite is true. After a stable internalized racial identity is in place, devout spiritual beliefs may not be incorporated as often. It appears that females in this sample relied on religiosity, mostly as a coping mechanism during complicated periods of racial discovery. It is worth noting that this sample was composed entirely of college students and the results describe mainly private religious beliefs. The combination of the unique developmental period associated with college and the focus on private spiritual beliefs may explain the gender differences obtained in this study.

Jang's (2006) group posed similar questions within a sample of African American elders (aged 60-84 years). Participants completed measures of depressive symptoms, life satisfaction, religiosity, and the African American Acculturation Scale (AAAS) which asked questions relating to taste in music, food preferences, and neighborhood composition. Results indicated that the positive relationship between religiosity and well-being was strongest in individuals who identified more with "traditional African American values" (i.e., scored higher on the AAAS). Interestingly, adherence to African American culture did not produce a direct effect on well-being at the level of multivariate analyses. Other characteristics of high religiosity were greater life satisfaction and fewer

depressive symptoms. The general conclusion of this work is that the benefits of religiosity in terms of well-being are not equal opportunity but are mediated by cultural adherence (at least within this sample).

In a variation of Jang's study, Utsey et al. (2007) explored the potential mediating role of spiritual well-being in the relationship between culture-specific coping and quality of life. Participants completed the Africultural Coping Systems Inventory, the Spiritual Well-Being Scale, and the WHOQOL-BREF (quality of life measure). Results revealed that there was a mediating effect of spiritual well-being on the relationship between culture-specific coping and quality of life.

This brief review of the literature demonstrates that both religiosity and racial identity may contribute to the well-being of African Americans. The modes and weight of these contributions may vary by gender and age, but most researchers would agree that they are significant nonetheless. Similar to the studies described above, the goal of this dissertation is to understand the relationship between racial identity, religiosity and well being in a sample of middle-aged African American adults. This study is exploratory in nature and as such does not have hypotheses. The specific aims of the study are listed below:

Primary aim 1

To establish a relationship between religiosity and psychological well-being (separate analyses will be conducted using self and informant reports of well-being)

Primary aim 2

To establish a relationship between racial identity and psychological well-being (separate analyses will be conducted using self and informant reports of well-being)

Primary aim 3

To determine the relationship between religiosity and racial identity

Primary aim 4

To examine the nature and strength of the relationships between both religiosity and racial identity with well-being and determine which (racial identity or religiosity) is the more powerful predictor of well-being (separate analyses will be conducted using self and informant reports of well-being)

Secondary aim 1

To evaluate the psychometric properties of the scales used

Secondary aim 2

To determine relevance of the demographic variables of gender and family composition (e.g., marital status and number of children) to the variables of religiosity, racial identity, and well-being (separate analyses will be conducted using self and informant reports of well-being)

Method

Participants.

Participants were 350 African-American adults between the ages of 55 and 64 years with an average age of 59.5 (SD = 2.67). These individuals are participants in the ongoing St. Louis Personality and Aging Network (SPAN) study which is concerned with personality, health, and transitions in later life (Oltmanns & Gleason, 2011) and are part of an epidemiologically-based, representative sample of adults living in the St. Louis metropolitan area. The descriptive characteristics of the study sample are displayed in Table 1. Slightly more than half of the sample was female (57.4%). Additionally,

approximately half of the sample was married (50.4%) and currently employed (53.8%). The majority of the sample (77%) completed at least some college and self-identified as Christian (88.5%).

Participants were recruited using phone numbers (purchased from a sampling firm) of randomly selected households. Initial contact with participants was made via a mailed letter describing the study. Next, participants were called on the telephone for a more thorough explanation of the study and to set up an appointment time if they agreed to participate. Our participation rate was 42%. Participants were paid $60 for their participation in the baseline assessment and $10 for each follow-up assessment. All participants signed an informed consent statement.

Additionally, all willing participants selected an informant (usually a spouse or other close family member) to complete questionnaires relating to personality and health about the participant. Both participants and informants completed a baseline assessment and follow-up assessments every six months.

Materials

All measures used in this study can be found in the Appendix.

Demographic Questionnaire. The demographic questionnaire is a 28-item survey of personal information. The questions of interest to this dissertation pertain to race, gender, marital status, number of children, education, income, employment and religious affiliation.

NEO-PI-R (Neuroticism and Extraversion) The NEO is a 240-item inventory based on the Five-Factor Model of Personality (Costa & McCrae, 1992b). Each of the five personality domains neuroticism (alpha = .92), extraversion (alpha = .89), openness to

experience (alpha = .87), agreeableness (alpha = .86), and conscientiousness (alpha = .90) is further represented by six facets. Individuals can receive a total score, a factor score, and facet scores. Responses are made on a five-point scale ranging from strongly disagree to strongly agree. This measure was completed by both participants and informants.

Beck Depression Inventory (BDI-II). The BDI-II is a 21-item self-report measure of depressive symptoms experienced over a period of two weeks. Meta-analysis of the internal consistency yields an alpha coefficient 0.81 for use with non-psychiatric populations (Beck, Steer, & Carbin, 1988).

The NEO-PI-R and the BDI-II served as baseline measures of well-being. From the NEO-PI-R we obtained scores relating to positive and negative affect and from the BDI-II a measure of depression.

Racial Identity Centrality Questionnaire. The Racial Identity Centrality Questionnaire is a four-item measure taken from the centrality scale of the *Revised Multidimensional Inventory of Black Identity* (Sellers, et al 1997; Sellers & Shelton, 2003). This measure is designed to assess the importance of race to the definition of self. One of the questions reads: “Overall, being Black has very little to do with how I feel about myself.” The items are answered on a seven-point Likert scale ranging from strongly disagree to strongly agree and produce a centrality score. The score from this measure will allow us to explore the potential role of racial identity in personality functioning and well-being. The Centrality Scale was normed on an African American sample of college students attending two universities in the Mid-Atlantic United States (alpha= .75).

Religiosity Scale. The Religiosity Scale is a three-item measure taken from various religiosity measures (Argue,1999; Ringdal,1996; Stanovich, 2001; Strawbridge, 1998)

and was created by this research team. The first item is a general question of belief salience assessing the importance of religion/spirituality to the individual's life. The second item taps both organizational (e.g., attendance of church services) and non-organizational (e.g., prayer and meditation) religiosity (Strawbridge et al., 1998). The final question is an indicator of the consequences of religiosity in an individual's daily life. The questions in this measure have been shown to assess general religiosity (Kendler et al., 2003).

Satisfaction with Life Scale (SWLS). A sub-sample of participants (N = 67) completed the Satisfaction with Life Scale (SWLS), a widely-used measure of subjective well-being (e.g., Grossbaum & Bates, 2002; Leonardi & Gialamas, 2009). The SWLS (coefficient alpha = .87) is a five-item measure of global life satisfaction. Responses are made on a seven-point Likert scale ranging from strongly disagree to strongly agree (Diener, Emmons, Larsen, & Griffin, 1985). Individuals receive a total score (the sum of the five items) ranging from 5 to 35.

Procedure

Most participants and informants completed measures in our on-campus research laboratory. A small number of participants and informants completed measures at their homes and returned them to us via mail.

Results

The descriptive characteristics of the study variables are displayed in Table 2.

Racial Identity Questionnaire

This questionnaire was originally composed of 4 items. Two of the items were worded positively (e.g., being Black is an important reflection of who I am) and two were

worded negatively (e.g., being Black is not a major factor in my social relationships). A substantial proportion of the participants (25%) endorsed the positive items while also endorsing the negative items. This inconsistency seems to suggest that they either did not read the items carefully or did not understand the items. Coefficient alpha for the scale containing the original four items was 0.10. Coefficient alpha with only the two non-problematic items was 0.78. Given the significant differences in consistent responding and in alpha level, all analyses were conducted using the shortened, two-item version of this scale (items 2 and 3, see Appendix A). Racial identity total scores were computed by summing the scores of the two scale items. The mean racial identity score was 11.58 (SD = 3.20). Participant scores ranged from 2 (the scale minimum) to 14 (the scale maximum).

Religiosity Questionnaire

This questionnaire was originally composed of three items. Similar to the racial identity questionnaire, some participants (6%) responded inconsistently to the first item of the scale stating that religion/spiritual belief was "completely unimportant" as a source of meaning in their lives, while endorsing the highest level of religiosity on the other two items. This pattern of responding suggests that they did not read the response choices carefully, or did not understand them. Coefficient alpha for the three-item scale was .71. Coefficient alpha for the two-item scale (dropping the first item) was .76. In the interest of using the scale items with the most consistent responding and strongest internal consistency, all analyses have been conducted using the two-item version of this scale (items 2 and 3, see Appendix B). Religiosity total scores were computed by summing the scores of the two scale items. The mean religiosity score was 8.14 (SD = 2.04).

Participant scores ranged from 2 (the scale minimum) to 10 (the scale maximum).

NEO-PI-R

The scores for the five factor model as measured by the NEO-PI-R approximate national averages reported in the *Revised NEO Personality Inventory Professional Manual* (Costa & McRae, 1992b). The mean scores were as follows: Neuroticism = 70.03 (SD = 18.55), Extraversion = 106.44 (SD = 17.33), Openness = 106.27 (SD = 16.68), Agreeableness = 127.60 (SD = 16.92), and Conscientiousness = 124.28 (SD = 18.09). The individual scales exhibited strong internal consistency: respectively 0.86, 0.78, 0.74, 0.79, and 0.85.

Informant NEO-PI-R

The scores for the informant version of the NEO-PI-R also approximate national averages. The mean scores were as follows: Neuroticism = 73.12 (SD = 21.91), Extraversion = 112.01 (SD = 19.56), Openness = 101.69 (SD = 15.50), Agreeableness = 121.71 (SD = 22.72), and Conscientiousness = 130.67 (SD = 22.96). The individual scales exhibited strong internal consistency: respectively 0.84, 0.78, 0.69, 0.86, and 0.89.

BDI-II

Depression scores were computed by summing the individual scores of the 21 scale items. The total scores for this measure were somewhat skewed towards the low end with scores ranging from 0 to 43 (M = 5.92, SD = 6.65, skewness = 2.24). These scores were effectively normalized through log transformation. The descriptives for this scale post transformation are as follows: M = 1.98, SD = 0.62, skewness = 0.41. Given the skewness of this measure in its original form, all analyses were completed using the log-transformed BDI-II scores.

SWLS

A subset of participants (N = 67) completed this measure. Satisfaction with life scores were computed by summing the individual scores of the five scale items. Life satisfaction scores ranged from 6 to 34 (M = 23.57, SD = 6.58). The lowest score possible on this measure is 5. The highest possible score is 35. Average scores on this measure approximate national averages (Deiner, Emmons, Larsen, & Griffin, 1985).

Significance Testing

Preliminary analyses were conducted to determine if the study variables differed significantly based on the sample demographic characteristics. A series of Mann-Whitney U and Kruskal-Wallis Tests were conducted to measure demographic differences among the non-normal distributions of racial identity and religiosity scores. Females scored significantly higher than males on both religiosity items and the religiosity total score (see Figure 1). The mean total religiosity score for females was 8.59. The mean for males was 7.53. There were no gender differences among the racial identity items. There were also differences in religiosity based on religious affiliation. Because the overwhelming majority of this sample (~89%) identified as Christian, these differences were not interpreted. There were minor demographic differences in one religiosity item (RS1) based on employment status, and racial identity total scores based on marital status (see Figures 2 and 3).

Correlational Analyses among study measures

Correlational analyses were performed to understand the relationships among the six study measures (racial identity, religiosity, participant report of the Five Factor Model, informant report of the Five Factor Model, BDI-II, and Satisfaction with Life

Scale). These relationships are displayed in Tables 3 and 4. (Table 3 includes participant NEO scores and Table 4 includes informant NEO scores.)

Correlational Analyses among Study Variables

To determine the relationship among study variables, correlational analyses were performed. Tables 3 and 4 display the bivariate correlations among study variables. (Table 3 includes participant NEO scores and Table 4 includes informant NEO scores.)

Regression Analyses Predicting Well-Being

Six hierarchical multiple regression analyses were conducted to explore the relationship between racial identity and religiosity and well-being variables. Tables 8-13 summarize the regression models. For each regression analysis, demographic variables (age, marital status, parental status, income, employment status, education level, and gender) were entered in the first step as predictors, followed by racial identity and religiosity which were entered together in the second step.

In the first regression model predicting participant neuroticism scores, demographic variables accounted for a significant portion of the variance, $R^2 = .08$, $F(7,312) = 4.12$, $p < .01$. An analysis of the beta weights revealed that of the demographic variables only income level was individually significantly related to neuroticism ($\beta = .-.22$, $t = -.3.40$, $p < .01$). After controlling for the effects of the demographic characteristics, racial identity and religiosity still accounted for a significant proportion of variance in neuroticism, R^2change = .02, $F(2,310) = 3.19$, $p < .05$. An analysis of the beta weights for racial identity ($\beta = -.10$, $t = -1.86$, $p = .06$) and religiosity ($\beta = -.10$, $t = -1.73$, $p = .08$) showed that neither variable made individual significant contributions to the model, despite the significance of the overall step. It seems that in

this model higher levels of racial identity and religiosity together, but not separately, contribute to lower levels of neuroticism even after accounting for demographic variables.

The second model predicted informant neuroticism scores. In this model, demographic variables did not account for a significant portion of the variance, $R^2 = .05$, $F(7,266) = 1.93$, $p = .06$. Although the overall step was not significant, beta weight analysis revealed that, similar to the participant neuroticism model, income made an individual significant contribution to step 1 ($\beta = -.15$, $t = -2.14$, $p < .05$). In the second step of the model, racial identity and religiosity contributed significantly to the variance in informant neuroticism scores, R^2change = .05, $F(2,264) = 7.15$, $p < .01$. Religiosity made an individually significant contribution to this model ($\beta = -.21$, $t = -3.33$, $p < .01$), but racial identity did not ($\beta = -.11$, $t = -1.79$, $p = .07$). This model suggests that persons who scored higher in religiosity were viewed as less likely to experience negative affect by their informants.

In the next model predicting participant extraversion scores, demographic variables again accounted for a significant portion of the variance, $R^2 = .06$, $F(7,312) = 3.09$, $p < .01$. An analysis of the beta weights showed that of the demographic characteristics only education level was significantly related to extraversion ($\beta = .19$, $t = 3.20$, $p < .01$). Racial identity and religiosity additionally contributed to the variance after controlling for the demographic variables, R^2change=.02, $F(2,310) = 3.52$, $p < .05$. Analysis of the beta weights for racial identity ($\beta = .01$, $t = 2.64$, $p = .82$) and religiosity ($\beta = .15$, $t = 2.64$, $p < .05$) revealed religiosity to be the stronger predictor in step 2 of the model. This model suggests that those who were higher in religiosity were more

extraverted than those who were lower.

The fourth model was designed to predict informant extraversion scores. In this model, demographic variables accounted for a significant portion of the variance, R^2 = .06, $F(7,266) = 2.56$, $p < .05$. Of the demographic variables, only income (β = .16, t = 2.27, $p < .05$) and gender (β = .16, $t = 2.67$, $p < .05$) made individually significant contributions to the model. The second step of this model was not significant, R^2change = .01, $F(2,264) = 2.16$, $p = .12$. Despite the overall step lacking significance, religiosity was significantly related (β = .13, $t = 2.07$, $p < .05$), whereas racial identity was not (β = .01, $t = .24$, p =.81).

The fifth model predicted depression scores. Demographic variables accounted for a significant portion of the variance, $R^2 = .11$, $F(7,302) = 5.50$, $p < .01$. An analysis of the beta weights showed that age (β = -.15, $t = -2.72$, $p < .05$), income (β = -.20, $t = -3.09$, $p < .01$), and employment status (β = -.12, $t = -2.14$, $p < .05$) were significantly related to depression scores. Racial identity and religiosity also contributed a significant portion of the variance in step 2, R^2change=.04, $F(2,300) = 6.48$, $p < .01$. Analysis of the beta weights for racial identity (β = -.08, $t = -1.54$, $p = .12$) and religiosity (β = -.18, $t = -3.29$, $p < .01$) revealed religiosity to be the stronger predictor of depression scores. This model suggests that those who scored higher on religiosity endorsed fewer symptoms of depression than those who scored lower.

The final regression model predicted scores on the Satisfaction with Life Scale. This measure was completed by only 67 of the participants. Neither step of this model was significant. The first step which included the demographic variables was not significant R^2= .18, $F(7,55) = 1.68$, p =.13. Of the demographic variables, only income

was significantly related to satisfaction with life scores (β = .33, t = 2.22, p < .05). Neither religiosity (β = .15, t = -1.10, p = .27), nor racial identity (β = .10, t = 1.10, p = .43) was significantly related to satisfaction with life scores in step 2.

DISCUSSSION

Specific Aims

Primary Aim 1: To establish a relationship between religiosity and psychological well-being.

This aim was designed to determine how the religiosity variables were related to the six measures (participant neuroticism, informant neuroticism, participant extraversion, informant extraversion, depression and satisfaction with life) of well being. Consistent with previous findings (e.g., Saroglou, 2002; Smith, McCullough & Poll, 2003), religiosity was significantly correlated with the well-being measures used in this study. Specifically, the results of this study indicate that religiosity is negatively associated with both neuroticism (as reported by the self and other) and depression, and is positively associated with extraversion (as reported by the self and other).

At the level of the correlational analyses, religiosity (RS) was measured from 3 different perspectives: RS item 1, RS item 2, and the RS total score. RS item 1 describes the frequency of participation in religious/spiritual activities, whereas RS item 2 describes the extent to which religious/spiritual affiliation guides daily decisions. RS total score was simply the sum of items 1 and 2. RS item 1 was more strongly related to the measures of well-being than either RS item 2 and the RS total score, suggesting that scoring higher in participation in activities pertaining to the spiritual or the sacred is more important to well-being in this sample than religiosity-based decision-making. In line

with previous research (e.g., Durkheim & Simpson, 1979), persons who reported participating in religious/spiritual activities with greater regularity reported lower levels of neuroticism and depression and higher levels of extraversion than those who did not participate as frequently. These persons were also described by their informants as more extraverted, and less-likely to experience negative affect and depression. These findings are in line with other research which suggests that asking people whether they are religious/spiritual is less informative than asking for a quantification of religious/spiritual activities (V. Sanders-Thompson, personal communication, March 23, 2010).

There were no significant relationships between the Satisfaction with Life Scale scores and the religiosity variables, which is likely due to the small number of participants who completed this measure. Correlations between religiosity and the life satisfaction variables were low (see Table 3). This finding was consistent with some previous research (e.g., Lewis, Lanigan, Joseph, & Fockert, 1997).

Also consistent with previous findings (e.g., Maltby & Day, 2003; McFarland, 2009), religiosity in this sample differed by gender. Women scored significantly higher on religiosity than men across both RS items and the total score.

Primary Aim 2: To establish a relationship between racial identity and psychological well-being

This aim was designed to determine how the racial identity variables were related to the five measures of well being (participant and informant neuroticism, participant and informant extraversion, depression, and satisfaction with life scale). Few significant relationships were found between racial identity and the well-being variables at the level of correlational analyses. Racial identity was related to both participant- and informant-

reported neuroticism and depression, but not extraversion or satisfaction with life. Consistent with previous findings, higher levels of racial identity were negatively related to depression (e.g., Settles, et al., 2010; Yap, Settles, & Pratt-Hyatt, 2011) and neuroticism (Lounsbury, Levy, Leong, & Gibson, 2007).

Similar to religiosity, racial identity (RI) was measured from three different perspectives: RI item 1, RI item 2, and RI total score. RI item 1 measured sense of belonging to Black people, whereas RI item 2 measured the extent to which being Black is an important reflection of participant identity. RI total was the sum of the scores reported on RI items 1 and 2. RI item 1 was more strongly related to the measures of well-being than either RI item 2 and the RI total score, suggesting that possessing a strong sense of belonging to Black people is more important to well-being than the extent to which being Black is an important reflection of who an individual is. Persons who described having a stronger sense of belonging to Black people reported lower levels of neuroticism and depression than those who described a weaker sense of belonging.

Given that RI items 1 and 2 were highly correlated but had different relationships with the well-being variables, it appears that group identity may have more bearing on well-being than personal identity in this sample. This pattern of results is supported by social identity theory, as well as research which describes Black culture as collectivist (e.g., Landrine, 1992; Selby & Joiner, 2008). Research describing collectivist cultures suggests that, within these cultures, group identity is more important than individual identity. Typically western societies, especially the United States of America, are thought to be more individualistic in nature. However, American ethnic minorities, including African Americans, seem to generally fit better into a collectivist/communal or

sociocentric conception of culture placing a heavy emphasis on community and belonging. The importance of group belonging for African Americans is certainly historical and dates back to their origins in this country. Identifying with the group has and continues to serve as a protective and supportive element of existence in a society in which racial discrimination is not as widespread as it once was but still exists.

As with religiosity, there were no significant relationships between racial identity and satisfaction with life. Correlations between racial identity and the life satisfaction were low (see Table 3). This finding is not in line with the limited previous research available in this area (e.g., Shin et al., 2010). Given prior research concerning the impact of both racial identity and religiosity on well-being in African Americans, it was expected that at least one of the racial identity variables would be significantly related to life satisfaction scores. It is possible that racial identity and religiosity are related to satisfaction with life but these relationships were difficult to identify statistically due to the small number of participants who completed the SWLS (n = 67).

Primary Aim 3: To determine the relationship between religiosity and racial identity.

Religiosity and racial identity were not correlated in this study. Although these findings are not consistent with some previous research (e.g., George & McNamara, 1984; Jang, 2006; Sanchez & Carter, 2005; Utsey et al., 2007), they are not surprising within the context of this study. There are many possible explanations for the lack of correlation between racial identity and religiosity variables.

One possible explanation invokes Social Identity Theory, which is the basis for much of the research on racial identity (e.g., Sellers, Rowley, Chavous, Shelton & Smith, 1997; Ysseldyk, Matheson, & Anisman, 2010). According to social identity theory,

people find identity in multiple places, including race, gender, occupation, social class, and religious background (Brown, 2000). Each of these areas contributes to individual identity to varying degrees. Given the relatively weak relationship between racial identity and well-being variables found in this study, it is possible that race is not a primary identity at this stage of life (later middle age) and therefore is not as related to well-being as religiosity. It could be that interactions at this stage are more racially homogenous. If racial identity and religiosity are related to the well-being in the same way, one might expect their intercorrelation to be higher. However, given the differences in their relationships with neuroticism and extraversion, for example, it is not surprising that they are uncorrelated.

Another potential explanation has to do with the relationship between the study variables (racial identity and religiosity) and age. Many studies have demonstrated that religiosity is highest among older adults (e.g., Argue, Johnson & White, 1999; Faigin & Pargament, 2010; Pargament, 2002a; Strawbridge et al, 1998; Taylor & MacDonald, 1999; Yohannes, et al, 2008). This age relationship has been demonstrated in racial identity but takes on a different meaning with this construct. In fact, most studies of racial identity are performed on adolescents and college students (e.g., Parham & Helms, 1985; Phinney, Cantu, & Kurtz, 1997; St. Louis & Liem, 2005; Yip, Seaton & Sellers, 2006). What has been found with racial identity is that the developmental stages are not linear in nature; people can recycle through them and visit various stages at different points in time. Also, the highest level of racial identity describes persons who are comfortable with their race and other races. This previous research suggests that when a person has reached the highest level of racial identity development, which is more likely to result

from time and experience (i.e., older age), race is no longer the primary identity and may not be as related to well-being or as salient as religiosity.

The major goal of this study was to explore the relationship between both racial identity and religiosity with well-being and to determine which of the two is the more powerful predictor of well-being. The fact that racial identity and religiosity are not correlated with each other speaks to the fact that these are two very different constructs. The separateness of racial identity and religiosity, as indicated by correlational analyses, allows for a clear interpretation of study results. In closing, the lack of relationship between racial identity and religiosity would be more concerning if racial identity were more highly correlated with our well-being measures, but because it was not, the interpretation is that religiosity may be a more salient identity for our sample than racial identity.

Primary Aim 4: To examine the nature and strength of the relationships between both religiosity and racial identity with well-being and determine which (racial identity or religiosity) is the more powerful predictor of well-being

(As a reminder, all regression models were conducted in the same way. Demographic characteristics were entered in step 1, and racial identity and religiosity were entered simultaneously in step 2.)

The regression analysis predicting participant neuroticism was significant at both steps of the model. At the first step, income contributed significantly to the prediction of neuroticism, a finding that has been partially supported by prior research (e.g., Boyce & Wood, 2011). Although the second step of the analysis was significant, neither racial identity nor religiosity made significant contributions to the variance in neuroticism.

However, an examination of their individual contributions showed that racial identity came closest to approaching significance.

The relationship between racial identity and the five factor model has been studied previously. The domain of neuroticism describes the likelihood of experiencing negative mood states such as sadness, anger, guilt, and fear. According to social identity theory and most models of racial identity, higher levels of racial identity are consistently associated with lower levels of negative affect. Correlational analyses in this study showed that the relationship between neuroticism and racial identity was driven by the associations between racial identity and the neuroticism facets of angry-hostility and depression (see Table 7). Religiosity has also been shown to be associated with neuroticism, but there is less of a consensus on the nature of this relationship (Saroglou, 2002).

These regression results are different from the others in that neither religiosity nor racial identity was individually significant, yet they made a significant contribution to the variance in neuroticism when combined. This pattern suggests that neuroticism may be a personality domain in which the question is not which variable (racial identity or religiosity) is the stronger predictor of variance, but instead a question of how these variables interact.

This same analysis was conducted using informant-reported neuroticism. As with the previous analysis, income was the only demographic variable related to informant-reported neuroticism. The second step of the regression model was significant, but unlike participant-reported neuroticism, religiosity was significantly related to informant-reported neuroticism whereas racial identity was not.

In the regression analysis describing participant-reported neuroticism, neither religiosity nor racial identity was individually significantly related to neuroticism but racial identity was the closest to approaching significance. In the analysis describing informant-reported neuroticism, religiosity emerged as the stronger predictor. This suggests that from the perspective of the self, lower levels of neuroticism are predicted by a combination of high levels of racial identity and religiosity. In contrast, from the perspective of the informant, lower levels of neuroticism are predicted primarily by religiosity. The minor differences in the participant and informant models of neuroticism can perhaps be explained by the internalized nature of this domain of personality. Neuroticism (composed of the facets of anxiety, angry-hostility, depression, self-consciousness, impulsiveness, and vulnerability) may describe experiences that are more internal and not as easily appreciated by an observer as other domains of the five factor model. In support of this notion, national averages reporting self/other correlations of the five domains of personality are lowest for neuroticism (Costa & McRae, 1992b).

The analysis predicting participant extraversion was also significant at both steps of the regression model. At the first step, only education contributed significantly to the variance. Analysis of the beta weights for racial identity and religiosity revealed religiosity to be the stronger predictor in the second step of this analysis.

This same regression was conducted using informant-reported extraversion and produced largely similar results. Of the demographic variables that composed the significant first step of this analysis, only gender and income were significantly related to extraversion. The second step of this regression model was not significant, but beta weight analysis revealed that religiosity was the stronger predictor and was significantly

related to informant-reported neuroticism.

Past studies have explored the relationship between religiosity and the five factor model. Most of these studies have found a fairly consistent relationship between religiosity and personality variables, specifically extraversion, agreeableness, and conscientiousness (Saroglou, 2002), with extraversion being most important for the current study. The domain of extraversion describes sociability, assertiveness, positive emotions, optimism, and a preference for large groups and gatherings. The characteristics captured by extraversion are characteristics that are also associated with the teachings of most forms of religion and/or spirituality. The primary goal of religious and spiritual quests is usually to achieve a state of peace and harmony with oneself and the outside world. This type of goal is well-supported by the characteristics associated with extraversion.

Unlike neuroticism, the regression models predicting extraversion suggest that religiosity alone is superior to racial identity as a predictor of extraversion. Additionally, there is much less discrepancy between participant and informant reports of extraversion. This is likely due to the fact that extraversion is a domain of personality that is readily observable by others. Extraversion describes such behaviors as gregariousness, activity and excitement seeking which may be more objective than depression, self-consciousness and vulnerability (components of neuroticism) and thus easier to describe and identify by informants.

The regression model predicting depression was significant at both steps of the analysis. At the first step age, income, and employment status made individually significant contributions to the variance in BDI-II scores. Analysis of the beta weights for

racial identity and religiosity revealed religiosity to be the stronger predictor of depression scores in the second step of analysis.

Prior research studying religiosity and depression has found that religiosity is consistently negatively associated with depression (e.g., Simon, 2010; Smith, McCullough, & Poll, 2003). Researchers have offered various explanations for this reliable relationship, including the idea that religion may actually reduce symptoms of depression through the social support offered by religious/spiritual communities or through religious/spiritual coping activities. These theories are well-supported by the fact that RS item 1 (describing frequency of participation in religious/spiritual activities) had the strongest relationship of all religiosity and racial identity variables with depression. One of the more damaging aspects of depression is the looping of negative thoughts. Active engagement in anything other than the negative thoughts, including religious or spiritual teachings, can at least temporarily disrupt this negative loop by diverting attention elsewhere. This idea is the basis for one the more widely used treatments for depression: behavioral activation (e.g., Addis & Martell, 2004). Additionally, the support offered by religious communities may intuitively be an ideal prescription for the experience of depression. Depression is typically a very isolating condition which often keeps its sufferers away from physical contact with others and in so doing away from the perspectives of others. Participating in religious or spiritual gatherings forces one to experience an outside perspective of life that is almost always positive, and if not positive at least purposeful.

Depression was measured via the BDI-II which describes depressive symptoms such as punishment, guilt, self-criticalness, hopelessness and loss of energy experienced

over the previous two weeks. Many of these symptoms seem to be amenable, at least temporarily, to some improvement as the result of engaging in religious/spiritual activities. Alternatively, it could be that depressed persons are less likely to engage in religious/spiritual activities and also less likely to endorse them on our questionnaire.

Similar to neuroticism, depression describes the experience of negative affect and depressed mood and loss of interest or pleasure. Despite these similarities, the beta weight for religiosity predicting depression is almost twice that of religiosity predicting neuroticism. This pattern of results suggests that, although religiosity may be negatively associated with negative affect as described by neuroticism, it is more strongly related to negative affect as experienced through depressive symptoms.

The last regression model concerned the subset of participants (n = 67) who completed the SWLS. This measure has been widely used and is thought to be a good estimation of global life satisfaction. For this reason, it is somewhat surprising that the SWLS total score was the least significant well-being variable in the study. Neither step of the regression model predicting SWLS score was significant. Of the demographic variables, only income was significantly related to SWLS score. The lack of significance seen in the correlational analyses suggested that significant relationships between racial identity and religiosity variables would not be obtained at the level of regression analysis. Even at the level of item-level analysis of the SWLS there were no significant relationships with religiosity or racial identity variables. Few researchers have explored the relationship between racial identity/religiosity and SWLS scores and therefore no precedents exist describing these relationships. What has been established by previous research is that SWLS scores have a weak relationship with affect (Deiner, Emmons,

Larsen & Griffin, 1985). Racial identity and religiosity variables were related to all well-being variables with the exception of SWLS scores. SWLS scores were only significantly related to depression, but were not related to neuroticism or extraversion which may be more related to affective states. The lack of relationships found here is most likely due to the small number of participants who completed this measure.

General Issues

The overall goal of this project was to examine the relationships between religiosity and racial identity and well-being. Well-being was approximated with neuroticism and extraversion as measured by the five factor model, depression as measured by the BDI-II, and life satisfaction as measured by the SWLS. The results overwhelmingly support religiosity as a stronger predictor of well-being in this sample of African American adults. Religiosity variables were related more strongly to the measures of well-being than were racial identity variables.

Racial identity was most strongly associated with neuroticism and depression variables. The negative relationship between racial identity and neuroticism and depression (to the exclusion of extraversion) suggests that racial identity may be most related to lower levels of negative affect as opposed to higher levels of positive affect. This line of thinking fits well with the way in which scholars of racial identity describe the origins of this construct. Research on African Americans and racial identity did not arise out of a desire to explore positive race relations in this country, but instead to understand what at the time was thought to be racial self-hatred. The earliest studies of racial identity describe African American participants (most of them children) who identified more strongly with a white doll rather than the doll that looked like them

(Clark, 1988). These studies evolved to examine racial discrimination and the harmful effects of segregation. Only much later did racial identity emerge as a source of pride and self-esteem (Cross, 1991). Even at present, entry of the search term “racial identity” in major internet search engines results in links to articles and sites of relevance to racial discrimination. This is because most of the research on racial identity has examined it as a protective factor against racial discrimination. This dissertation has attempted to establish racial identity as more than a protective factor against racial discrimination; in fact the mention of discrimination was omitted from all study materials. The results of this study suggest that, although religiosity was a superior predictor of well-being in this sample, racial identity is still relevant to well-being as evidenced by its significant relationships with both neuroticism and depression.

Religiosity, on the other hand, was significantly related to participant- and informant-reported neuroticism, depression, and participant- and informant-reported extraversion. These relationships were significant across all levels of analyses and are supported by prior research. Similar to racial identity, it seems that higher levels of religiosity are related to lower negative affect. However, its association with extraversion suggests that religiosity is also instrumental in the experience of positive mood states. Despite historical arguments that religiosity persists solely as a defense against negative psychological events or even as a byproduct of psychopathology (Stark, 1971), it has recently been found that positive experiences can also lead to religious/spiritual involvement (Saroglou, Buxant, & Tilquin, 2008).

It appears that religiosity is consistently a relevant factor in the well-being of middle-aged African American adults. This relationship is supported by statistics in this

dissertation but has been spoken of colloquially within the African American community for generations. There are common phrases familiar in many African American religious circles such as “too blessed to be stressed” and “let go and let God.” These phrases are more than colloquialisms; they are ways of existing for segments of the African American population. Upon experiencing a negative event such as an unexpected death or job loss, many people actively seek out spiritual or religious guidance. This guidance is sought not necessarily to understand why an event occurred but for comfort and the will to continue existing regardless of negative circumstances. Alternatively, when a positive event is experienced, such as a birth or promotion, many religious African Americans attribute the event at least partially to religious/spiritual factors.

Another factor common to most religions that may be related to the experience of well-being is the idea of a life after death. Each of the major faiths practiced in this country (Christianity, Judaism, Islam, Buddhism) teach of a life after death or of a type of judgment day. These religions also teach that in order to be prepared for judgment day or to be prepared to enter the desired after-life space (e.g., heaven) one must live a certain way on earth. This way of living is not characterized by negative affect or self-absorption with one’s own emotional state or cruelty towards others, but is characterized by positive affect, concern for fellow man, and kindness. The desired behaviors or mood states associated with most religiously/spiritually proscribed ways of living fit well with extraversion, and the absence of excessive negative affect and depressive symptomatology.

An aspect of this study that sets it apart from others was the use of informants. All participants were asked to select as an informant a person who knows them well and

would be able to answer questions about their personality and health. Three hundred (86%) of our participants had informants who had completed assessments at the time of this study. Approximately half of these informants were spouses. The rest were often other close family members (e.g., children, siblings), friends, and co-workers. The purpose of using informants was two-fold. On one hand, high agreement between participants and informants suggests that the results of a particular assessment tool are highly accurate. On the other hand, there are times when participants and informants do not have high agreement because the informant observes something that the participant cannot or because the participant observes something the informant cannot (Clifton, Turkheimer, & Oltmanns, 2005). The former situation usually occurs when the participant is dealing with an egosyntonic condition, meaning that s/he does not believe her/his behavior is problematic. This frequently occurs in the case of personality disorders. The latter situation usually arises when the participant's experiences are highly internalized and not easily observable. As an example of this phenomenon, in this study participants and informants had higher agreement on extraversion than on neuroticism. This is likely because traits associated with high levels of extraversion are more external and easier to identify by an outside observer. Traits associated with high levels of neuroticism, however, may be more internal and difficult to identify. Despite these minor differences, participant and informant reports of neuroticism and extraversion were largely in agreement. The addition of informant reports of personality traits strengthens the results of this study.

Data analysis in the current study, from the perspective of both participants and informants, suggests that both racial identity and religiosity contribute to well-being in

African American adults. A key difference between religiosity and racial identity in this sample, however, was that racial identity was more strongly related to lower levels of negative affect, whereas religiosity was more strongly related to higher levels of positive affect.

One of the original questions posed for this study was why has religiosity persisted over the years? A potential answer suggested by our results is that religiosity persists because it offers to its believers some protection from negative affects, while simultaneously supporting positive affects. Stated differently, religiosity helps people to deal with and make sense of negative events in their lives and provides a feeling of relative control. Unlike other coping sources, religiosity is non-exclusive, does not require special social or financial resources, and is therefore perpetually available to all (Koenig, 2009). The public perception of the benefits of religiosity on mental health can easily be seen by the success of such books as When Bad Things Happen to Good People authored by a Jewish rabbi (Kushner, 2004), Become a Better You authored by a Christian televangelist (Osteen, 2007), and Reposition Yourself: Living Life Without Limits authored by a prominent African American megachurch pastor (Jakes, 2007).

There are many implications of the results of this study. Chief among them are the following: the role of religiosity in mental health treatment (including education and research); the importance of ethnic match in therapy; and the relevance of racial identity in the 21st century.

One of the original reasons for conducting this study was to explore the belief that many African Americans replace mental health treatment with religious/spiritual activities. It is not uncommon for religious leaders to receive standing ovations in their

worship halls when they speak of how the answers to all questions can be found if you look deep enough within religious texts or if you consult religious healers, rather than medical or psychological professionals. Many of these religious leaders also joke of rendering mental health professionals useless, inferring that strong faith in a spiritual belief system is enough to combat issues commonly addressed in psycho-therapy. Many people seem to believe this, as only 34.5% of participants in this study ever received mental health treatment of any kind, although the lifetime prevalence of any mental disorder is 46.4% (Kessler et al, 2005). They pray harder when tragedy strikes or seek counsel from religious advisors when their relationships fail, and for many these approaches are effective. Is this the result of a placebo effect, association with a particular religious group, or a mystical event that is unobservable? These questions are beyond the scope of this dissertation. Within the scope of this dissertation, however, is the notion that religious-based guidance and support are effective because many religious/spiritual teachings are similar to elements of prominent therapeutic approaches.

Mindfulness, for example, is a component of both acceptance and commitment therapy (ACT; Hayes, Strosahl, & Wilson, 2003) and dialectical behavior therapy (DBT). The goal of mindfulness is to teach people how to be present and focus on what is happening currently, to the exclusion of what happened in the past or what might happen in the future. This focus on the present limits the ability to worry or ruminate over past/future events and promotes an acceptance of what is rather than what could or should be. This approach is not exclusive to ACT or DBT, but is also found in Buddhism which teaches that the practice of mindfulness brings happiness and relieves pain (Hanh, 1999). A less concrete example involves forgiveness, which is used frequently in couples and

family counseling. The Christian Bible speaks of “turning the other cheek” and forgiving those who have wronged us. Yet another example is the heavy reliance on spirituality in self-help groups such as Alcoholics Anonymous and Narcotics Anonymous (e.g., the Serenity Prayer). These are just a few examples of the overlap between religious/spiritual teachings and mental health treatment. These points of intersection suggest that religion may already play an active role in treatment processes even if it is unacknowledged.

I would argue that there may also be room for an acknowledged role of religion in mental health treatment. The start of any therapeutic relationship involves some form of intake interview during which clients describe themselves and their presenting complaints. Intake interviews can cover everything from past psychiatric medications to childhood relationships with siblings and even recent drug use. These wide-ranging questions are asked to obtain a thorough history on the client and also to ascertain the most important elements of their lives. Many mental health professionals ask about religion, but not as many incorporate religion into treatment. If a client states that religion/spirituality is not important to them, most clinicians would likely never bring it up again, which is an appropriate response. However, if a client describes religion/spirituality as very important in her/his life, few clinicians would respond adequately. The reason for this disconnect is that we have been taught to be very sensitive to hot button issues such as religion and politics, but it would seem that mental health professionals would be in a better position than most to address such issues. I am not suggesting that clinicians begin to bring Bibles or Korans to their sessions, but that they more uniformly use all information available to them in treatment even if this information is religious/spiritual in nature. For example, this can be accomplished by incorporating

religious themes in coping statements or assigning religious readings as homework. The way in which religion/spirituality may be used in any therapeutic situation may need to be unique to each client and could take many forms. There are undoubtedly many clinicians who already conduct therapy in this manner, but there are many others that do not. Studies such as this one offer further support for the role religiosity can play in the lives of some African Americans.

Another implication of the results of this study relates to ethnic match in therapy. Over the years there has been debate regarding the relative merits of ethnic match in therapy. Some argue that ethnic match is important, especially for minorities, whereas others argue that this type of matching is not necessary (e.g., Karlsson, 2005; Maramba & Nagayama Hall, 2002). One interpretation of the results of this study is that ethnic match may not be of as much importance to African Americans as previously thought. Racial identity was not significantly related to well-being variables beyond the level of correlational analyses. This may suggest that racial identity is not an important component of well-being for African Americans in this sample. If racial identity is not crucial to well-being, the race of the clinician should also be of limited importance. One would think that, in a situation in which racial identity is essential to well-being, it would be very important for the clinician to have a strong background and understanding in the experiences of the African American community, which may be best obtained by an African American clinician. However, given that racial identity may not be essential to well-being, it would be acceptable for African Americans to work with clinicians who have an average background and understanding of the experience of African Americans although s/he does not necessarily need to be African American. As mentioned earlier,

clinicians are in an ideal position to understand sensitive issues such as race because of the nature of their training.

Finally, it may be a natural question to ask what this study says about the state of race in this country? Stated another way is racial identity still relevant in 21st century America? Some argue (Darity et al., 2006) that racial identity may no longer be needed as a defense against racial discrimination (thus, some theories may need to be updated (e.g., Winant, 2000)), whereas others make the opposing argument (e.g.,Bonilla-Silva, 2009; Steele, 2010). As previously highlighted, racial identity is commonly associated with racial discrimination and has been studied within the context of protecting against the effects of discrimination. Although there is much less overt racism today than 50 years ago and the president of the United States is African American, I argue that there remains a role for racial identity. Due to racial identity's less significant relationship to well-being in this study, it is easy to overlook how highly most participants scored on this variable. The fact that racial identity was less related to well-being variables than religiosity does not eliminate the fact that the overwhelming majority of our participants described it as important. The results of this study suggest that there may be other mental health benefits (that are not directly related to discrimination) to high levels of racial identity such as lower rates of depression and neuroticism. For these reasons I argue that racial identity is certainly not an outdated concept. What we do not know from this study, and what may be an important limitation, is the extent to which our participants interact with others outside of their race. Our results could reflect the fact that our participants have not experienced as many mixed-race interactions as the college students who participated in

many of the previous studies, and therefore do not have as much of a need to invoke race as a primary identity.

A similar limitation of the information gathered in this study is its cross-sectional nature. The key variables measuring personality, depression, racial identity, and religiosity were assessed at a single point in time. Factors such as personality and racial identity (despite the possibility of recycling) are largely believed to remain stable over time, particularly within a certain age range. However, some researchers have argued the benefits of assessing religiosity variables longitudinally to "insure the scientific credibility of research" (Brennan & Mroczek, 2003) and to better understand the stability/instability of this construct over time. Despite this argument, there is some support for the validity of cross-sectional studies of religious variables (George, Larson, Koenig, & McCullough, 2000).

Another limitation of studies such as this one is the lack of consistency among measures of religious/spiritual involvement within the disciplines of psychology and religion. The lack of uniformity in assessment of these constructs offers some explanation to the often conflicting results in this area of study (Dezutter, Soenens, & Hutsebaut, 2006). For example, this study used a measure of general religiosity. We did not seek to identify or distinguish between different types of religiosity, nor did we have a large representation of multiple faith traditions. If the results of this study diverged greatly from those of a study of intrinsic religiosity in Muslims, for example, it would be difficult to speak definitively about what those differences mean. One reason for this difficulty could be that the populations are very different, but another important reason is that the measures of interest may not have been assessing the same aspect of religiosity.

The term religiosity in this study has been used to describe the practice of both religion and spirituality in an effort to obtain a general sense of the importance of a sacred higher power to participants. As highlighted in the literature review, there are some researchers who would argue that spirituality and religion are different constructs that should be studied separately (e.g., Emmons & Paloutzian, 2003). It would be interesting in a follow-up to this study to allow participants the opportunity to identify themselves as religious, spiritual, both, or neither and compare their results based on these classifications.

A last important limitation of this study is concerned with the way in which the results may be interpreted. Data analysis in this project consisted primarily of correlations and regressions, statistical approaches that allow one to determine the proportion of variance in one variable that is attributable to another. What these analytic approaches cannot do is imply causation or directionality. Although the results of this study suggest that there is a significant negative relationship between religiosity and depression for example, we cannot say for certain that people who are high in religiosity are low in depression. We cannot make this statement because it is just as likely that people who are low in depression happen to also be high in religiosity. Similarly, we are not able to say that high levels of religiosity cause low levels of depression. We can only observe that these correlational relationships exist and hypothesize as to what they could mean. These are important considerations to keep in mind when interpreting these results.

This paper has provided support for the role of both religiosity and racial identity in the well-being of African American adults as assessed by participant and informant reports of neuroticism and extraversion, and depression. Through correlation and

regression analysis, religiosity emerged as the stronger predictor of well-being. There are many important implications of this study to both research and practice in the field of clinical psychology. Future research will be needed to determine the reliability of these findings and their generalizability beyond this age range.

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I.D. #: **SPAN**_____

Date:

APPENDIX A

Racial Identity Centrality Questionnaire

The following questionnaire is about racial identity. Please read each of the following statements and circle the answer that most accurately describes you.
You may select any response choice ranging from 1 to 7: 1 represents (strongly disagree); 4 represents (neutral); and 7 represents (strongly agree).

1. Overall, being Black has very little to do with how I feel about myself.

1 2 3 4 5 6 7

Strongly disagree Neutral Strongly agree

2. I have a strong sense of belonging to Black people.

1 2 3 4 5 6 7

Strongly disagree Neutral Strongly agree

3. Being Black is an important reflection of who I am.

1 2 3 4 5 6 7

Strongly disagree Neutral Strongly agree

4. Being Black is not a major factor in my social relationships.

1 2 3 4 5 6 7

Strongly disagree Neutral Strongly agree

I.D. #:**SPAN**_____

Date:

APPENDIX B

Religiosity/Spirituality Questionnaire

The following questions ask about your religious/spiritual activity. Please check the box next to the response that best represents your religious/spiritual involvement.

1. How important is religious/spiritual belief as a source of meaning in your life?

□ 1 (Completely Unimportant)

□ 2 (Somewhat Unimportant)

□ 3 (Neutral)

□ 4 (Somewhat Important)

□ 5 (Very Important)

2. How often do you participate in religious/spiritual activities? (E.g. church services, religious/spiritual readings, prayer, meditation, listening to/watching religious programming on the radio/television, other religious activities)

□ 1 (Never)

□ 2 (A couple of times a year)

□ 3 (A couple of times a month)

□ 4 (Once a week)

□ 5 (More than once a week)

3. How much does your religious/spiritual affiliation guide decisions in your daily life?

□ 1 (Not at all)

□ 2 (A little)

□ 3 (Some)

□ 4 (Quite a bit)

□ 5 (Very much)

I.D. #: **SPAN_____**

Date:_____

APPENDIX C

FU5 The Satisfaction with Life Scale (SPAN Study):

Below are five statements with which you may agree or disagree. Please check box the answer option that best describes your agreement or disagreement with each statement

Q.A. Please write the date you completed this questionnaire here:

_____

1. In most ways my life is close to my ideal.
□ Strongly Disagree □ Disagree □ Slightly Disagree □ Neither Agree Nor Disagree
□ Slightly Agree □ Agree □ Strongly Agree

2. The conditions of my life are excellent.
□ Strongly Disagree □ Disagree □ Slightly Disagree □ Neither Agree Nor Disagree
□ Slightly Agree □ Agree □ Strongly Agree

3. I am satisfied with my life.
□ Strongly Disagree □ Disagree □ Slightly Disagree □ Neither Agree Nor Disagree
□ Slightly Agree □ Agree □ Strongly Agree

4. So far I have gotten the important things I want in life.
□ Strongly Disagree □ Disagree □ Slightly Disagree □ Neither Agree Nor Disagree □ Slightly Agree □ Agree □ Strongly Agree

5. If I could live my life over, I would change almost nothing.
□ Strongly Disagree □ Disagree □ Slightly Disagree □ Neither Agree Nor Disagree □ Slightly Agree □ Agree □ Strongly Agree

Table 1

Descriptive Characteristics of Study Participants

	%	MEAN	STANDARD DEVIATION	RANGE
AGE		59.5	2.67	55-65
GENDER (female)	57.4			
MARITAL STATUS				
Married/Partnered	50.4			
Unmarried/Unpartnered	49.6			
EDUCATION				
Less than high school	2.1			
High School or GED	20.9			
Some College	26.8			
Vocational School	9.7			
2-year college	12.6			
(associates)	17.6			
4-year college degree	10.3			
Master's degree				
INCOME				
Under $20,000	24.4			
$20,000-$39,999	26.5			
$40,000-$59,999	24.1			
$60,000-$79,999	10.8			
$80,000-$99,999	7.8			
$100,000-$119,999	5.4			
$120,000-$139,999	.9			
EMPLOYMENT				
Employed	53.8			
Unemployed/Retired	46.2			
CURRENT RELIGIOUS				
AFFILIATION	88.5			
Christian	1.3			
Muslim	1.9			
Buddhist	8.3			
None				
NUMBER OF CHILDREN	83.4 (have children)	2.63	1.62	1-11

Table 2.

Descriptive Statistics for Study Measures (Racial Identity Questionnaire, Religiosity Questionnaire, and NEO-PI-R)

	%	MEAN	STANDARD DEVIATION	RANGE
Racial Identity Item 1		5.81	1.72	1-7
1 (Strongly Disagree)	5.7			
2	2.0			
3	.9			
4 (Neutral)	13.4			
5	7.1			
6	16.3			
7 (Strongly Agree)	54.6			
Racial Identity Item 2		5.76	1.81	1-7
1 (Strongly Disagree)	6.9			
2	2.6			
3	1.4			
4 (Neutral)	10.9			
5	8.0			
6	15.4			
7 (Strongly Agree)	54.9			
Racial Identity Total Score		11.58	3.20	2-14
Religiosity Item 1		4.01	1.19	1-5
1 (Never)	3.4			
2 (A couple of times a year)	12.9			
3 (A couple of times a month)	11.4			
4 (Once a week)	24.0			
5 (More than once a week)	48.3			
Religiosity Item 2		4.03	1.07	1-5
1 (Not at all)	3.7			
2 (A little)	5.1			
3 (Some)	14.3			
4 (Quite a bit)	28.3			
5 (Very Much)	48.6			
Religiosity Total Score		8.14	2.04	2-10
NEO Neuroticism		70.03	18.55	5-132
NEO Extraversion		106.44	17.33	22-159
NEO Openness		106.27	16.68	11-155
NEO Agreeableness		127.60	16.92	21-170
NEO Conscientiousness		124.28	18.09	16-178
Beck Depression Inventory Score		5.92	6.65	0-43
Informant NEO Neuroticism		73.12	21.91	10-143
Informant NEO Extraversion		112.01	19.56	52-168
Informant NEO Openness		101.69	15.50	54-146
Informant NEO Agreeableness		121.71	22.72	34-170
Informant NEO Conscientiousness		130.67	22.96	52-181
Satisfaction With Life Scale Score		23.57	6.58	6-34

Table 3

Intercorrelations among Study measures with Participant NEO

	2	3	4	5	6	7	8	9	10	11	12	13	14
1.GENDER	.03	-.05	-.01	.25**	.21**	.26**	.02	.06	.02	.15**	.02	.04	.04
2.RI1		.65**	.90**	.00	.00	.00	-.15**	.06	-.03	.01	.06	-.13*	.05
3.RI2			.91**	-.05	.00	-.03	-.07	.00	-.06	-.01	.03	-.05	.15
4.RITOTAL				-.03	.00	-.01	-.12	.03	-.05	.00	.05	-.10	.11
5.RS1					.62**	.91**	-.11*	.12*	-.04	.15**	.04	-.18**	.13
6.RS2						.89**	-.06	.17**	-.05	.10	.11*	-.13*	.22
7.RSTOTAL							-.10	.16**	-.05	.14**	.09	-.17**	.19
8.Neuroticism								-.17**	.06	-.16**	-.35**	.50**	-.27*
9.Extraversion									.57**	.37**	.52**	-.21**	.25*
10.Openness										.30**	.34**	-.01	-.04
11.Agreeableness											.51**	-.13*	.08
12.Conscientiousness												-.26**	.24
13.BDI													-.64**
14.SWLS													

*p<.05, **p<.01

Key: RI1= Racial Identity Item 1, RI2= Racial Identity Item 2, RITOTAL= Racial Identity Total Score, RS1=Religiosity Item 1, RS2= Religiosity Item 2, RSTOTAL= Religiosity Total Score, BDI= log-transformed Beck Depression Inventory Score, SWLS= Satisfaction with Life Scale Score

Table 4

Intercorrelations Among Study Measures with Informant NEO

	2	3	4	5	6	7	8	9	10	11	12	13	14
1.GENDER	.03	-.05	-.01	.25**	.21**	.26**	.05	.15*	.10	.18**	.18**	.03	.04
2.RI1		.65**	.90**	.00	.00	.00	-.09	.00	-.03	-.01	.02	-.13*	.05
3.RI2			.91**	-.05	.00	-.03	-.13*	.01	-.04	.07	.07	-.05	.15
4 RITOTAL				-.03	.00	-.01	-.12*	.01	-.04	.04	.05	-.10	.11
5.RS1					.62**	.91**	-.12*	.19**	-.03	.13*	.11	-.18**	.13
6.RS2						.89**	-.10	.13*	-.07	.08	.10	-.13*	.22
7.RSTOTAL							-.13*	.18**	-.06	.12*	.12*	-.17**	.19
8. Neuroticism								-.30**	-.14*	-.47**	-.60**	.25**	-.21
9.Extraversion									.52**	.21**	.40**	-.08	.14
10.Openness										.18**	.23**	.07	-.03
11.Agreeableness											.47**	-.04	.02
12.Conscientiousness												-.16**	.28*
13.BDI													.64**
14.SWLS													

*p<.05, **p<.01

Key: RI1= Racial Identity Item 1, RI2= Racial Identity Item 2, RITOTAL= Racial Identity Total Score, RS1=Religiosity Item 1, RS2= Religiosity Item 2, RSTOTAL= Religiosity Total Score, BDI= log-transformed Beck Depression Inventory Score, SWLS= Satisfaction with Life Scale Score

Table 5

Intercorrelations Among Participant and Informant NEO Scores

	Neuroticism	Extraversion	Openness	Agreeableness	Conscientiousness
INeuroticism	.29**	-.08	-.04	-.14*	-.18**
IExtraversion	-.16**	.39**	.17**	.05	.11
IOpenness	-.06	.17**	.37**	.07	.02
IAgreeableness	-.10	.06	.05	.32**	.08
IConscientiousness	-.20**	.15**	.09	.20**	.32**

*p<.05, **p<.01

Key: I=informant

Table 6

Correlations between Racial Identity/Religiosity variables and Participant Neuroticism/Extraversion Facets

NEO FACETS	RS1	RS2	RSTOTAL	RI1	RI2	RITOTAL
N1:Anxiety	-.09	-.07	-.09	-.13*	-.09	-.12*
N2: Angry-Hostility	-.14**	-.06	-.11*	-.18**	-.11*	-.16**
N3: Depression	-.08	-.10	-.10	-.16**	-.09	-.13**
N4: Self-Consciousness	-.05	-.01	-.02	-.07	.00	-.03
N5: Impulsiveness	-.09	.01	-.04	-.04	.00	-.03
N6: Vulnerability	-.02	-.07	-.05	-.11*	-.04	-.08
E1: Warmth	.16**	.15**	.17**	.05	-.01	.02
E2: Gregariousness	.18**	.19**	.21**	.12*	.03	.08
E3: Assertiveness	.00	.09	.05	.09	.05	.08
E4: Activity	.07	.14**	.11*	-.03	-.02	-.02
E5: Excitement- Seeking	-.10	-.01	-.06	.04	-.02	.01
E6: Positive Emotions	.23**	.18**	.23**	-.01	-.04	-.03

*p<.05, **p<.01

Table 7

Correlations between Racial Identity/Religiosity variables and Informant Neuroticism/Extraversion Facets

INFORMANT NEO FACETS	RI1	RI2	RITOTAL	RS1	RS2	RSTOTAL
IN1:Anxiety	-.12*	-.14*	-.14*	-.05	-.06	-.06
IN2: Angry-Hostility	-.05	-.08	-.07	-.14*	-.10	-.14*
IN3: Depression	-.07	-.12*	-.11	-.14*	-.10	-.13*
IN4: Self-Consciousness	-.08	-.09	-.10	.00	-.03	-.01
IN5: Impulsiveness	.00	-.08	-.05	-.10	-.11	-.12*
IN6: Vulnerability	-.09	-.10	-.11	-.08	-.06	-.08
IE1: Warmth	-.04	-.01	-.03	.19**	.11	.17**
IE2: Gregariousness	.04	.03	.04	.22**	.17**	.22**
IE3: Assertiveness	.06	.12*	.10	.14*	.14*	.15**
IE4: Activity	-.03	-.05	-.04	.07	-.04	.02
IE5: Excitement-Seeking	.00	-.06	-.04	-.06	-.02	-.04
IE6: Positive Emotions	-.01	-.01	-.01	.21**	.16**	.20**

*p<.05, **p<.01

Table 8

Summary of Multiple Regression Analysis for Demographics and Racial Identity/Religiosity Variables Predicting NEO Participant Neuroticism

Step		*Neuroticism*					
1	*Predictor*	*B*	*SE B*	*β*	*t*	*sig.*	ΔR^2
	Age	-.44	.28	-.06	-1.14	.25	.08**
	Marital Status	-2.33	2.19	-.06	-1.06	.29	
	Parental Status	-1.87	2.88	-.04	-.65	.51	
	Income	-2.75	.81	-.22	-3.40	.00	
	Employment Status	-3.11	2.14	-.08	-1.45	.15	
	Education Level	-.68	.63	-.06	-1.07	.29	
	Gender	.14	2.07	.00	.07	.95	
2	Religiosity Total	-.87	.50	-.10	-1.73	.08	.02*
	Racial Identity Total	-.58	.31	-.10	-1.86	.06	

*p<.05, **p<.01

Table 9

Summary of Multiple Regression Analysis for Demographics and Racial Identity/Religiosity Variables Predicting Informant NEO Neuroticism

Step		*Informant Neuroticism*					
1	*Predictor*	*B*	*SE B*	*β*	*t*	*sig.*	ΔR^2
	Age	-.44	.51	-.05	-.87	.38	.05
	Marital Status	-4.27	2.91	-.10	-1.47	.14	
	Parental Status	5.60	3.83	.10	1.57	.12	
	Income	-2.27	1.06	-.15	-2.14	.03	
	Employment Status	2.38	2.81	.05	.85	.40	
	Education Level	-1.09	.83	-.09	-1.31	.19	
	Gender	3.40	2.73	.08	1.24	.21	
2	Religiosity Total	-2.18	.65	-.21	-3.33	.00	.05**
	Racial Identity Total	-.72	.40	-.11	-1.79	.07	

*p<.05, **p<.01

Table 10

Summary of Multiple Regression Analysis for Demographics and Racial Identity/Religiosity variables predicting Participant NEO Extraversion

Step		*Extraversion*					
1	*Predictor*	*B*	*SE B*	*β*	*t*	*sig.*	ΔR^2
	Age	.32	.36	.05	.88	.38	.06**
	Marital Status	-.80	2.05	-.02	-.39	.70	
	Parental Status	-.14	2.68	.00	-.05	.96	
	Income	.71	.75	-.06	.95	.34	
	Employment Status	1.84	2.00	.05	.92	.36	
	Education Level	1.89	.59	.19	3.20	.00	
	Gender	1.63	1.93	.05	.84	.40	
2	Religiosity Total	1.24	.47	.15	2.64	.01	.02*
	Racial Identity Total	.07	.29	.01	2.30	.82	

*p<.05, **p<.01

Table 11

Summary of Multiple Regression Analysis for Demographics and Racial Identity/Religiosity variables predicting Informant NEO Extraversion

Step		*Informant Extraversion*					
1	*Predictor*	*B*	*SE B*	*β*	*t*	*sig.*	ΔR^2
	Age	.07	.45	.01	.15	.88	.06*
	Marital Status	2.39	2.55	.06	.94	.35	
	Parental Status	-6.10	3.36	-.11	-1.82	.07	
	Income	2.11	.93	.16	2.27	.02	
	Employment Status	.48	2.46	.01	.19	.84	
	Education Level	.06	.72	.01	.09	.93	
	Gender	6.41	2.40	.16	2.67	.01	
2	Religiosity Total	1.21	.58	.13	2.07	.04	.01
	Racial Identity Total	.08	.36	.01	.24	.81	

*p<.05, **p<.01

Table 12

Summary of Multiple Regression Analysis for Demographics and Racial Identity/Religiosity Variables Predicting BDI Depression

Step		*BDI-Depression Score*					
1	*Predictor*	*B*	*SE B*	*β*	*t*	*sig.*	ΔR^2
	Age	-.04	.01	-.15	-2.72	.01	.11**
	Marital Status	.02	.08	.02	.33	.74	
	Parental Status	.02	.10	.01	.22	.83	
	Income	-.08	.03	-.20	-3.09	.00	
	Employment Status	-.16	.07	-.12	-2.14	.03	
	Education Level	-.03	.02	-.07	-1.25	.21	
	Gender	-.02	.07	-.02	-.30	.76	
2	Religiosity Total	-.06	.02	-.18	-3.29	.00	.04**
	Racial Identity Total	-.02	.01	-.08	-1.54	.12	

*p<.05, **p<.01

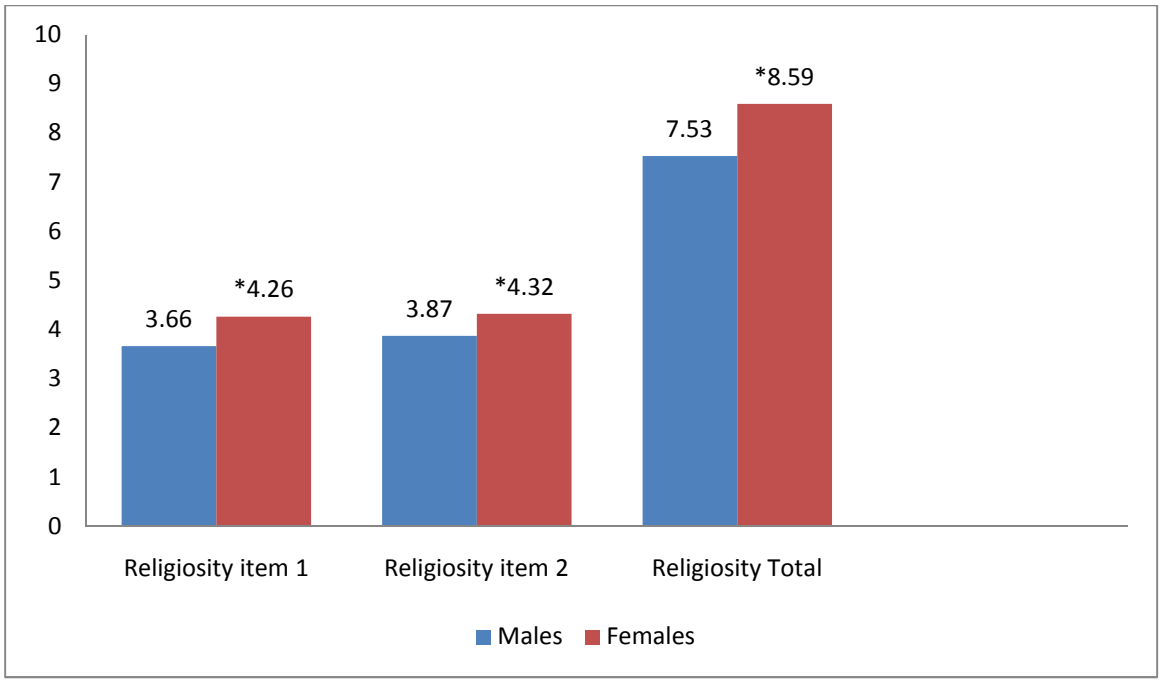
Table 13

Summary of Multiple Regression Analysis for Demographics and Racial Identity/Religiosity Variables Predicting Satisfaction With Life Scale Scores

Step		*Satisfaction with Life Scale*					
1	*Predictor*	*B*	*SE B*	*β*	*t*	*sig.*	ΔR^2
	Age	.56	.31	.24	1.79	.08	.18
	Marital Status	2.92	1.75	.22	1.67	.10	
	Parental Status	-1.54	2.17	-.09	-.71	.48	
	Income	1.34	.60	.33	2.22	.03	
	Employment Status	-.04	1.80	.00	-.02	.98	
	Education Level	.11	.46	.03	.23	.82	
	Gender	1.68	2.07	.11	.81	.42	
2	Religiosity Total	.56	.51	.15	1.10	.27	.02
	Racial Identity Total	.21	.27	.10	.79	.43	

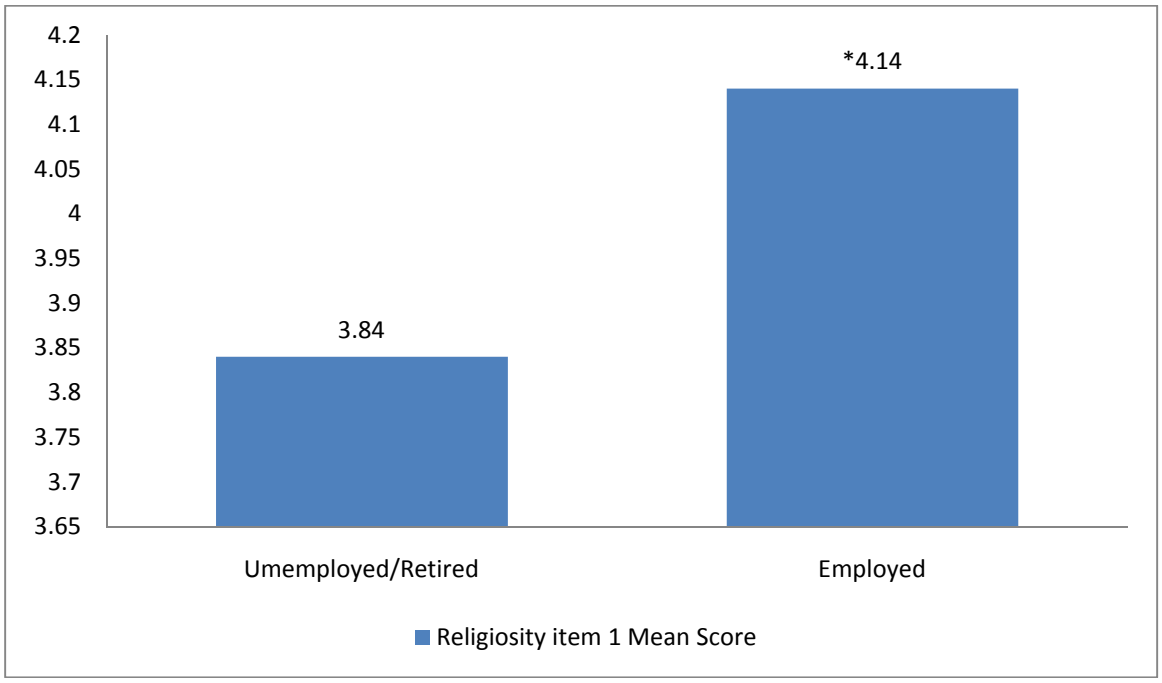
*p<.05, **p<.01

Figure 1: Mean responses to religiosity questions showing significant differences by gender



*indicates the female mean is significantly higher than the male mean.

Figure 2: Mean responses to religiosity item 1 showing significant differences based on employment status



*indicates that persons who are currently working scored significantly higher than persons who are not working.

Figure 3: Mean racial identity total score responses showing significant differences based on relationship status